

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045836

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11094

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Hamilton Nursing Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6210 Emma Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

ALVIN

Middle

B.

Last

MUELLER

4. DATE OF DEATH

Month

November

Day

7,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/20/1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Checker

10b. KIND OF BUSINESS OR INDUSTRY

Rexall Drug Co.

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Mueller

13b. MOTHER'S MAIDEN NAME

Mary Weber

14. NAME OF HUSBAND OR WIFE

Lydia E. Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (known)) (If yes, give war or dates of serv.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lydia E. Mueller - 6210 Emma Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

don't

know

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-21-62

to 11-7-63

and last saw ^{not} him alive on 11-6-63

Death occurred at

9:45 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Walter H. Spoeneman

(Degree or title)

22b. ADDRESS

1515 St. Louis

22c. DATE SIGNED

11-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11/11/63

23c. NAME OF CEMETERY OR CREMATORY

College Hill Cemetery

23d. LOCATION (City, town, or county)

Lebanon, Illinois

(State)

24. FUNERAL DIRECTOR

JOHN STYGAR & SON

ADDRESS

5541 Riverview

25. DATE RECD. BY LOCAL REG.

NOV 9 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MAILED-ONE

818

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. Rister

Licensed Embalmer No. 3980

P. O. Address St. Louis, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.